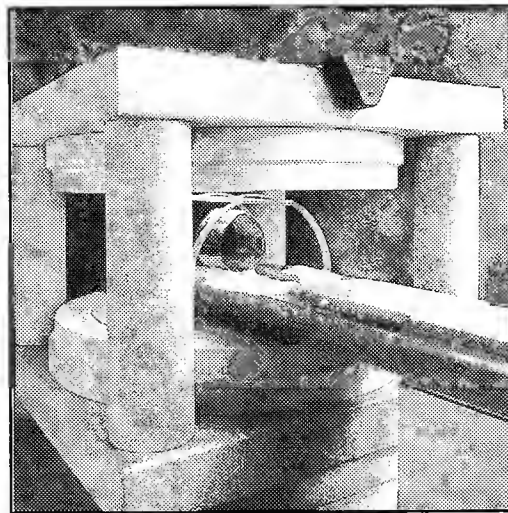


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The Bulletin is published six times a year by the
Mahoning County Medical Society, 5104 Market Street,
Youngstown, Ohio 44512. Phone (216) 788-4700.

The opinions and conclusions expressed herein do not necessarily
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views of the Mahoning County Medical Society. Advertisements
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The Bulletin reserves the right to edit all contributions
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Subscription rate of \$20.00 per year is included in MCMS dues. Correspondence
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Society Initiates New Projects and Implements Fax Network

THE COUNCIL OF THE MAHONING COUNTY MEDICAL SOCIETY HAS BEEN BUSY THE LAST SEVERAL WEEKS ATTEMPTING TO develop a plan that will implement the program that was described in the first *Society Bulletin* earlier this year.

In order to initiate the educational arm of our program, we have engaged an attorney from the OSMA, Katrina English, who will address the Medical Society at the May meeting and educate the membership on basic concepts of managed care. We plan to follow up with a four-hour CME accredited symposium detailing various concepts of managed care, contracts and relationships in order to further educate our members on how to negotiate these contracts as well as to develop relationships with one another. Although this will be a physician-oriented program, select office staff may be interested in attending, especially if they are involved in selection of managed care contracts. This program is specifically oriented to further the physician's role and position in managed care relationships and should be of interest to each of you. A nominal fee to help defray costs will be assessed. More information will be forwarded as the date is selected and the

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Chester A. Amedia, Jr., M.D., F.A.C.P.
President



Chester

speakers secured. Please support this activity.

The second project that the Council is investigating is the possibility of physicians providing a network in our community to care for patients who have no insurance. This program was originally conceived by members and discussed with our Congressman, who has challenged the Society to consider this as a project. The details of operation and administration have yet to be worked out, but the general concept is for uninsured families (not to include patients on Medicaid, Medicare, or other Federal assistance programs) to be identified, screened, and then assigned to a physician in the Medical Society network who would then provide services to them on a fee for service basis that would be individually negotiated. Because the medical services would require assistance from other community agencies such as hospitals, laboratories, and imaging services, a coordination of efforts with other community projects and agencies is anticipated, but this is a physician-driven, physician-led project and must remain so. Most of the patients are already receiving care in our community and their enrollment in such a program will help to quantitate the excellent job we are already doing. The Congressman's office has agreed to assist with administrative responsibilities in helping to coordinate this plan, but it has been acknowledged that the physicians will remain responsible and will be recognized as the leaders.

Finally, it has been recognized that the frequency of meetings and bulletins does not allow for the rapid dissemination of information from Council to members. In order to facilitate the transfer of information, we have implemented a fax network which will allow information to be transmitted throughout the membership in less than two hours if every member does his part. The initial message will come from the Medical Society central office to the members of Council who would then each be responsible for transmission of approximately 10 fax messages to various members of the Society. In order for this network to function,

continued on pg. 17

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ONCE A WEEK A MAN COMES TO MY FRONT DOOR AND HANGS A PLASTIC BAG CONTAINING ADVERTISEMENTS AND COUPONS for a number of local stores and places of various services. After a few days I finally open the door and retrieve the bag, only to

deposit it directly into the trash. After all, there is usually nothing of interest for me in it. For some reason, however, this week something caught my eye. What's this? A pamphlet from a surgical subspecialist describing a procedure that I should consider having done? And an invitation to a seminar to learn more? What, no free sample, I thought — Oh, there it is. Come to the seminar and register to win one free procedure!

I am going to leave the surgeon, the specialty, and the procedure to your imagination, but this is a real story. Too real, I'm afraid, and it makes me uneasy to think about it. Not only uneasy, but cheap, degraded, unprofessional, and sad. I am discouraged, to say the least, that the profession of medicine has lowered itself to such a level. It seems, like most other aspects of our society, to be heading quickly toward the lowest common denominator.

I know that I don't speak for everyone on this issue. In fact, the A.M.A. specifically condones advertising, as long as it is not false or mis-

leading and contains pertinent facts. My problem with it is demonstrated nicely by the scenario I described; that is, where does it stop? What type and extent of promotions are in keeping with our standard of professionalism, not to mention good taste? Win one free procedure? What's next? From what I have seen lately, it won't be a great leap until we see ads promoting "Free Breast Exam With Your First Visit".

It doesn't take a rocket scientist to see the similarity to other "professionals" who already use these techniques, typified by the proverbial "ambulance chaser". In fact, while writing this, I opened the yellow pages and couldn't help but

"The first rule of medicine is to do no harm", not "first get the patient into your office".

notice the similarities already existent. A few examples: "gentle laser surgery" (as opposed to plain old rough surgery, I guess), "your first (procedure/test) at a reduced fee" (all subsequent ones at an enlarged fee?), and my personal favorite, "practice NOT limited to" (a list of no fewer than 18 things — what won't this individual do?) I am waiting for "you don't pay until you feel/look/see/walk/etc. better."

All of this may be well and good, and I am sure most all of it is at least well intentioned. Nevertheless, it seems wrong for me to solicit, or worse yet, to entice patients to subject themselves to the risks and morbidities of elective surgery, for a condition they may be unaware they even have until they read the pamphlet. I was always taught "the first rule of medicine is to do no harm", not "first get the patient into your office". I did not write this with intent to offend, or even to preach, but to remind each of us that the purpose of our profession is to help each patient as much as possible, not to help ourselves to as many patients as possible.

Thomas S. Boniface, M.D.

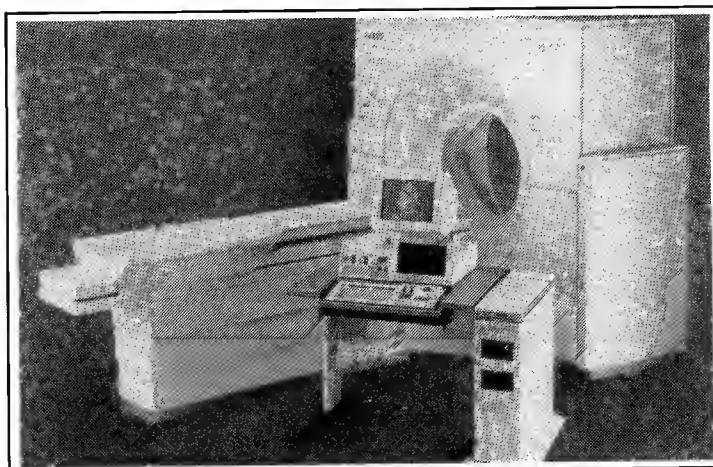


Thomas S. Boniface

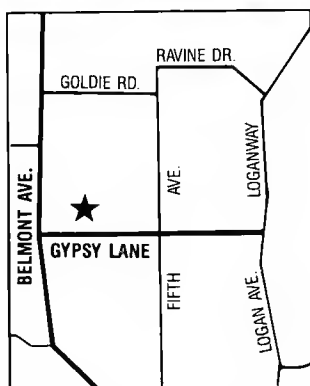
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NEOUCOM Revised Mission Statement

“THE STATE OF THE COLLEGE” ADDRESS WAS PRESENTED IN MARCH TO FACULTY OF THE NORTHEASTERN OHIO UNIVERSITIES

College of Medicine by Robert S. Blacklow, M.D., President and Dean.

The faculty were presented with the functional mission statement approved by the College's Board of Trustees (and forwarded to the Ohio Board of Regents) in January.

The mission statement will be “the basis for a long-range strategic planning process for the College, which will start at this faculty assembly,” Blacklow said. As the long-range plan is developed in 1994 and 1995, input and suggestions will be sought from all areas of the College.

The revised mission statement is:

“The mission of NEOUCOM is to graduate qualified physicians oriented to the practice of medicine at the community level, with an emphasis on primary care: family medicine, internal medicine, pediatrics and obstetrics/gynecology. NEOUCOM strives to improve the quality of health care in the 17-county region of northeast Ohio through:

- education of undergraduate medical students;
- assistance to the residency programs in the associated hospitals;
- continuing education of physicians and other health professionals;
- the participation of faculty and students in the development of new knowledge through clinical, biomedical and community-based research and through cooperative and/or consortial education of graduate students in the biomedical, community health and behavioral sciences; and
- the provision of community service programs and health education throughout the 17-county region.”

The mission statement also includes these points about NEOUCOM:

- The unique consortial structure of the medical college, multiple universities and hospitals contributes to NEOUCOM'S cost per student as the lowest for all medical schools in Ohio.
- Over 90% of NEOUCOM'S 430 students come from Ohio. Approximately 70% of graduates have done or are doing their residencies in Ohio, ranking NEOUCOM in the top 10 medical schools in the nation in retaining graduates to practice in the state where they graduated.
- NEOUCOM ranks fourth in the state in external support for faculty research per full-time faculty member and is encouraging collaborative clinical and basic science research through its new Collaborative Medical Research Building.
- NEOUCOM and consortium universities are continuing to explore cooperation in offering clinically-relevant advanced degrees. Currently, a Ph.D. in the life sciences is cooperatively offered with Kent State University School and similar cooperative arrangements in biomedical engineering are offered with The University of Akron and Akron area hospitals.

The functional mission statement confirms the institution's identity in support of primary care. The mission statement points out that proposals for health care reform and a need for more physicians in underserved areas of Ohio make the basic charge for NEOUCOM even more relevant.



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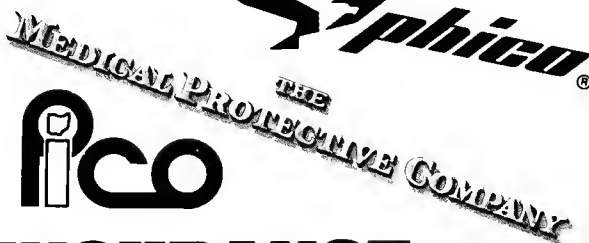
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"Health Matters Live Line" Airs for Third Year

FOR A THIRD CONSECUTIVE YEAR, THE YOUNG PHYSICIANS COMMITTEE HAS JOINED FORCES WITH THE EASTER SEALS SOCIETY AND WYTV to produce two live broadcasts of the popular "Health Matters Live Line" TV program. The first show aired January

24, 1994, and the most recent broadcast aired April 18, 1994.

Both programs featured segments with physicians from our Society discussing various health topics with host Len Rome and fielding phone calls from viewers. Society members staffed phone banks during the one-hour programs and answered numerous calls from viewers off-camera. Physician volunteers fielded 389 completed phone calls during the January program and 332 calls during the April broadcast.

Dr. Tom Albani, chairperson of the Young Physicians Committee, opened the January show with anchor Len Rome. Speaking on specific health concerns were Dr. Jenifer Lloyd, who discussed laser surgery; Drs. Robert Piroli and George Spirtos, who spoke on breast cancer; and Dr. Michael Sontich, who discussed arthritis.

The following physicians staffed the phone bank for the January program: Drs. William Bartels, Albert Bleggi, James Botsko, Linda Cuculic, Arthur Duran, Sergul Erzurum, John McElroy, Anthony Mehle, Dianne Bitonte Miladore, Sandy Naples, Jay Osborne, Howard Slemons, Melinda Smith, Santuccio Ricciardi, Thomas Traikoff, and Lyn Yakubov.

The April program opened with Dr. Dianne Bitonte Miladore, an assistant professor at NEOUCOM. She discussed NEOUCOM's important role in the local medical community. Also appearing on the program were Dr. Rebecca Bailey, who discussed asthma, and Dr.

William Houser, who talked about childhood allergies. Dr. John McElroy discussed prostate disorders, and Dr. Anthony Mehle reported on skin cancer.

The following physicians participated in the phone bank: Drs. John Buckley, Stephanie Dewar, Robert DeMarco, John Gianetti, Armond Minotti, Jay Osborne, Eugene Potesta, Nicholas Proia, William Quirk, Bhargava Ravi, Ronald Rhodes, Elena Rossi, Stephen Salcedo, Vincent W. Vanek, and Bruce Willner.

The Society thanks all the physicians who participated in this always popular program. The next broadcast of "Health Matters Live Line" is scheduled to air Wednesday, October 19, 1994. Be sure to tune in.



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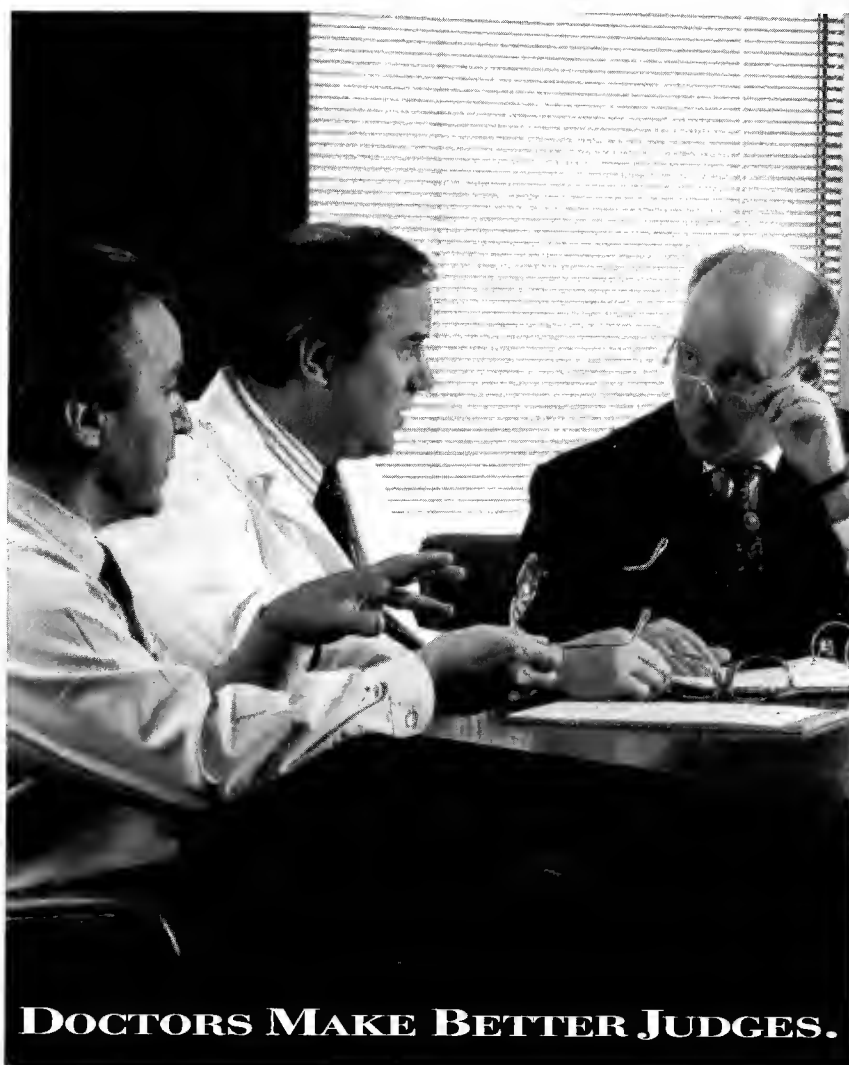
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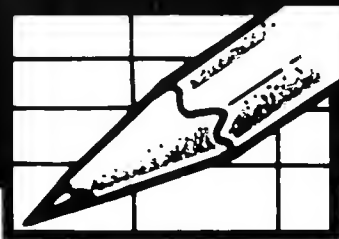
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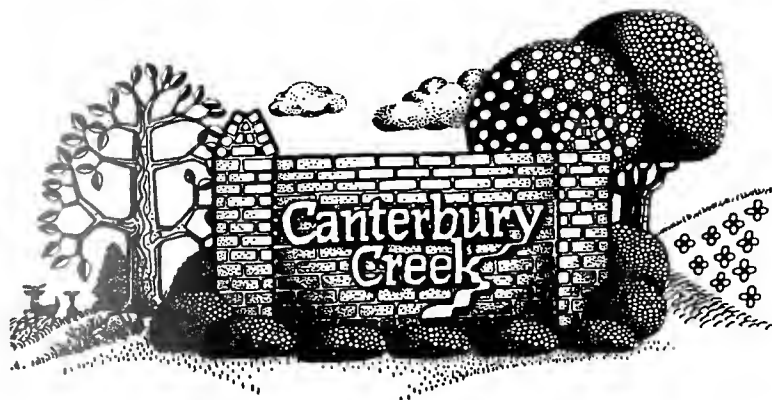


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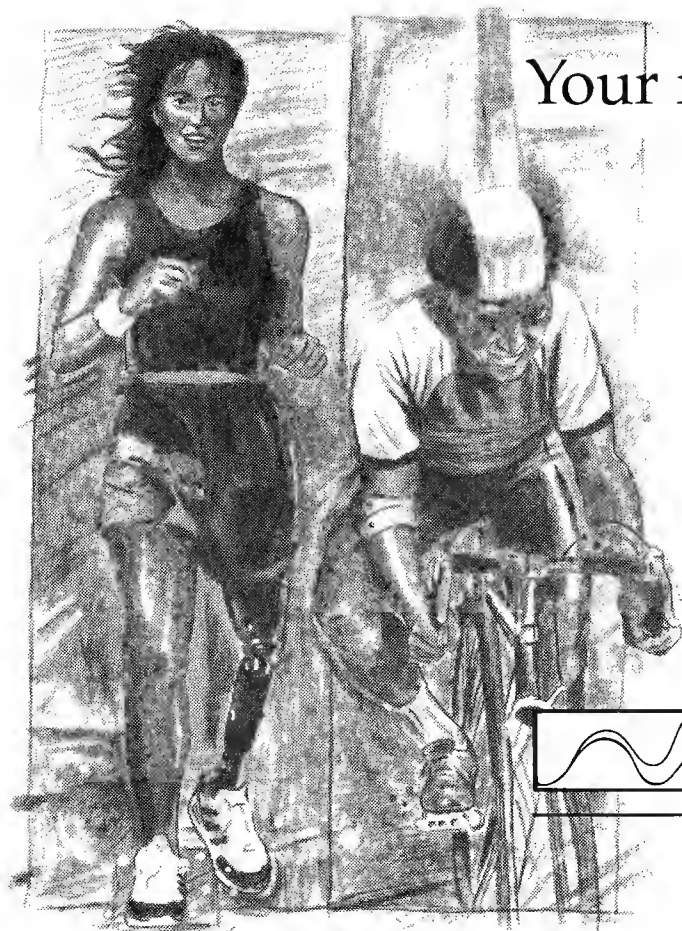
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House Bill 656 — Apathy or Resignation

HOUSE BILL 656, THE BILL DEALING WITH EXPANDED SCOPE OF PRACTICE FOR NURSES, NOW SITS BEFORE THE OHIO House Health and Retirement Committee. This committee will help to determine whether nurses within the state of Ohio will have

their scopes of practice expanded. By statute, this law would create four new categories of nurses and they include: the nurse practitioner, the advanced clinical nurse practitioner (which requires a master's degree), the nurse midwife, and the nurse anesthetist. The fact that this bill has come to the fore is the result of effective grassroots lobbying efforts by the Ohio Nurses Association. Not just the official lobbying agent, but the nurses themselves, have been very effective at convincing key legislators that this legislation needs to be passed. In fact, this phenomena has been taking place across the nation. In Oregon alone, for the past 15 years, nurses have had their scopes of practice increased. It is part of the Clinton Health Care Proposal that nurses have expanded roles in the delivery of health care services to the American population.

Presently the American Medical Association and the American Nurses Association are trying to work collaboratively at resolving differences regarding the expanded scopes of practice for

nurses. At the state level, the Ohio State Medical Association and the Ohio Nurses Association are proceeding along in a similar fashion. The bottom line is that the supporters of this bill wish to expand the scope of practice for nurses to allow them to independently practice medicine. There would no longer be a need to have a physician supervise them. The language in House Bill 656, however, is quite vague in terms of just what duties the nurses would be given should this legislation be passed.

"Why are physicians so reluctant to confer with their state and national representatives? Does this represent apathy or resignation?"

The concern that this bill engenders is the creation of a new health care delivery agency whose academic qualifications fall short of the mark with reference to the expanded duties given. It is this element of such reform that must be carefully thought out before enacting. Physicians should be concerned and express their thoughts regarding the potential adverse consequences of enacting House Bill 656. Physicians are encouraged to personally communicate with their State Representative and Senator regarding this piece of legislation. Representative Bob Hagan sits on the House Health and Retirement Committee and will be directly involved in the final outcome of this legislation. He needs to hear your comments.

This Bill demonstrates clearly just how effective personal grassroots efforts are in bringing about legislation. The health care reform debate has opened up the issue of scopes of practice and other groups such as the chiropractors, optometrists, and physician's assistants are moving forward in this area to expand their scope of practice. Thus far, the physician's assistance group has been willing to work with organized medicine. I do not believe this to be an issue of "turf battle" but really an issue of quality care and the establishment of an appropriate academic and credentialing process for these groups. The level of scope of
continued on pg. 17

Daniel W. Handel, M.D.



Daniel W. Handel, M.D.

Legislative Update (cont. from pg. 16)

practice is being determined by the legislature, not by any professional organization. It is therefore imperative that well-concerned and knowledgeable parties educate the legislators. Again, please call your local state legislator and discuss this Bill.

The question that is in my mind is "Why are physicians so reluctant to confer with their state and national representatives? Does this represent apathy or resignation?" The question that is always heard is "What has organized medicine done for me?" As with any organization, the weak link remains the individual member. It is my belief that the Ohio State Medical Association and A.M.A. have been

forthwith in providing sufficient information to its individual members to understand the essence of health care reform. It is, however, up to the individual members to communicate their concerns or recommendations to their legislators. I believe that your legislators will listen and respond to your comments. In fact, your comments may even help to persuade the argument in favor of meaningful health care reform.

If apathy and resignation are the reasons you fail to act, dispel these feelings and get moving. You can make a difference and you must be heard.

President Page (cont. from pg. 4)

it is necessary that each practice be willing to send its fair share of messages and to pass the information on in a rapid fashion. If your office has acquired a fax machine and your staff is available to help in this dissemination process, please contact the Society office and advise them of your number, so that the network can be completed. There is no reason why information and decision-making cannot be shared

by all members.

I encourage your attendance at the Medical Society sponsored seminars and educational forums so that you can participate from a position of knowledge and strength as medical care in our community changes. Your comments and suggestions are appreciated. Fax them in to the Society office and they will be shared with your peers.



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Joint Dinner Meeting Held

THE MAHONING COUNTY MEDICAL SOCIETY AND ALLIANCE HELD THEIR ANNUAL JOINT DINNER MEETING ON Thursday, March 10, at Antone's Banquet Centre. The joint membership celebrated "Doctors' Day," and the Alliance

"Gem of the Year" award to Mary Jane Jenkins for her many years of service to the Alliance, most recently in the capacities of historian and photographer.

The Alliance membership approved the slate of officers presented for the 1994-1995 year. The new officers will be installed May 10 at the Tippecanoe Country Club. On the state level, Dolly Handel will be installed as the 1994-1995 state president at the Ohio State Medical Convention in May.

The Alliance continues a productive year of worthwhile activities. On March 22, the Alliance held a Health Day for its members at the Jewish Community Center. The event was chaired by Mary Jo Marcos. On April 22, the Alliance held an After Tax Bash Cocktail Party at the Youngstown Country Club. Proceeds will benefit the renovation of the Doctor's House on the Canfield Fairgrounds. The event is co-chaired by Beth Bacani and Paulette Pannozzo.

The planning committee for the joint international dinner meeting included Alliance President Donna Hayat, Alliance members Susan Soleimani, Marie Latorre, and Society Executive Director Eleanor Pershing. Their efforts resulted in a festive and enjoyable evening for the entire joint membership.



▲ Edna Pincham, and Dr. Chet Amedia

presented its "Gem of the Year" award to Mary Jane Jenkins.

An international dinner was served featuring Greek, Italian, French and Chinese cuisines. During dinner, Alliance President Donna Hayat, followed by Florence Wang, Marie Latorre and Nieves Estrada, saluted the doctors in their native tongues.

Society President Dr. Chester Amedia presided over the business meeting. He gave a report on the recently held AMA Leadership Conference. Dr. Dan Handel presented an update on healthcare reform.

Edna Pincham, representing Mayor Patrick Ungaro, presented Dr. Amedia with a proclamation recognizing March 24 as Youngstown Doctors' Day.

President Donna Hayat presided over the Alliance's program. She presented Dr. James Amsterdam with a caduceus tie tac in appreciation of his assistance in producing the Alliance newsletter this year.

The Alliance presented its second annual



▲ Donna Hayat, and Dr. James Amsterdam



▲ Alliance Members: Gladys Baumblatt, Edie Wieneke, Dorothea Pappas, and Mary Ann Anderson



▲ Dr. Pedro Yepes, Dr. Humberto Latorre, and Marie Latorre

Mary Jane Jenkins "Gem of the Year"

MARY JANE JENKINS WAS NAMED "GEM OF THE YEAR" BY THE ALLIANCE GAVEL CLUB IN MARCH. MARY JANE IS A "WARM, friendly outgoing woman" who has a long history of volunteerism in our community.

"Gem of the Year"

Mary Jane and
Dr. Robert Jenkins



Almost half a century ago, Mary Jane earned an A.B. in chemistry from the Women's College of the University of North Carolina. She also received a degree in medical technology from Bowman Gray School of Medicine in Winston Salem, North Carolina.

She was a lab instructor at George

Washington School of Medicine in Washington, D.C., when she met and married Robert Jenkins.

The couple came to Youngstown in 1949 when Dr. Jenkins began his internship and residency at Youngstown Hospital. Mary Jane worked at Southside Hospital until motherhood intervened. "Dolly" and "Jenks" are the proud parents of three adult children.

Over the years, Mary Jane has devoted much time to many organizations, including the P.T.A., Girl Scouts, American Cancer Society, and American Heart Association.

She is president of the Canfield Quilt Club which quilts for the Salvation Army and AIDS babies.

In the past, Mary Jane has served as Auxiliary treasurer and yearbook chairperson. Since 1986, she has been historian and photographer for the Medical Alliance. She has photographed eight presidents and is preparing to photograph a ninth.

At 74, Mary Jane continues to donate her many talents to worthwhile causes in our community. She is a woman who continues to make a difference. We are fortunate to have such a precious "Gem" in our midst.

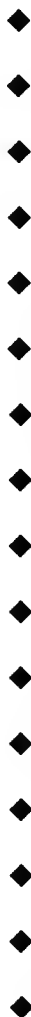


▲ Susan Soleimani



▲ Dr. Danny Chung, Dr. Joseph Gregori, and Carolyn Gregori

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Society Participates in Health-O-Rama

ON MARCH 4 AND 5, THE SOCIETY AGAIN TOOK PART IN THE ANNUAL HEALTH-O-RAMA HELD AT THE SOUTHERN PARK Mall in Boardman, Ohio. Drs. Dan Handel and Anthony Mehle co-chaired the Society's two-day program.

Volunteers from our Society staffed a display booth from 10 a.m. until 9 p.m. each day. The Society's display booth attracted more people than ever before, and our physicians responded to numerous questions from the public.

Our Society owes special thanks to retired family practitioner Dr. Fred Friedrich, who vigorously promoted the event to our membership. His talents as a carpenter and electrician were much appreciated. His efforts added considerably to the success of our program.

The Society thanks the following members who volunteered to staff the booth: Drs. Tom Albani, Carl Ansevin, Denise Bobovnyik, Thomas Boniface, Anthony Cutrona, James D'Apolito, Emil Dickstein, Robert Fisher, Fred Friedrich, John Gianetti, Daniel Handel, Prabhudas Lakhani, Jenifer Lloyd, John McElroy, Anthony Mehle, Sandy Naples, Eugene Potesta, Bhargava Ravi, Jeff Resch, Santuccio Ricciardi, Howard Siemons, Melinda Smith, Eric Svenson, Tom Traikoff, Leonidas Vassilaros, Lyn Yakubov, and Elizabeth Young.



△ Drs. Prabhudas Lakhani and Leonidas Vassilaros

"TIME-OUT"



△ Dr. Fred Friedrich



△ Drs. Lyn Yakubov, John McElroy, Jeff Resch, and Bhargava Ravi

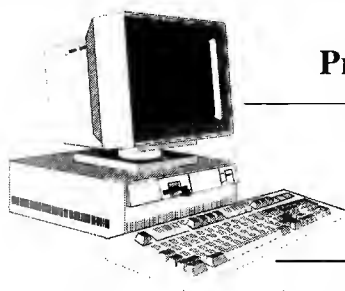
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Where to Turn

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Can You Still Promise a Partnership?

by Leif C. Beck, Publisher

THANKS TO HEALTH CARE REFORM, THE IDEA OF YOUNG doctors automatically becoming "partners" is changing — but neither seniors nor juniors recognize it. Easy partnership never made much sense, and now there are two new powerful reasons to change the thinking.

For several decades, private practitioners have unquestioningly accepted that hiring a new physician — even right out of training — means taking on a "partner." Seniors treat their new recruits as partners virtually from the date of hire and promote them to legal co-ownership after just a few years. Young doctors in training expect this treatment almost as a matter of right.

We've often questioned this mutual attitude in the past. Way back in August 1984 — almost ten years ago — we put it this way:

"Since 'partner' should mean co-ownership of a business enterprise, even if it is a medical practice, don't offer the status automatically to a new doctor."

An Ethic Breaks Down

Then in January 1986, we put it even more directly:

"...[a] young doctor might not necessarily be partnership material even if he or she possesses excellent clinical traits — those of a good producer. A group definitely needs these fine people, and should pay them generously, but they might not be good candidates for partnership."

Amazingly, no one listened. The "partnership" ethic is so strong that you've been unable to ignore it and still attract top-quality candidates, no matter how desirable your practice. It's as

though young doctors in training are like star athletes — with a set of expectations that apply whether sensible or not.

Thanks — or perhaps no thanks — to health care reform, this mindset is finally beginning to break down. We see two compelling reasons, both rooted in economics.

Managed Care

Under managed care, a young doctor's lack of patients is a far greater drawback than in the past. Senior partners used to feed new associates with overflow patients, while — particularly in referral-oriented specialties — the demand for newly trained expertise quickly filled a new member's schedule. His or her resulting *production* — the key to profits — made partnership inevitable.

Now, the situation is reversed. Referrals are discouraged and, under capitation, expensive procedures interfere with profitability. Until overwhelmed, specialists expect to handle all the procedures themselves — without bringing in more equal income sharers.

More strikingly, whether primary care or specialist, the flow of patients results from contractual arrangements. A new associate may be a wonderful physician, but he or she increasingly depends on a practice's *business dealings* for work. The senior doctor(s) who control those contracts become more important than ever, and young doctors' clinical expertise becomes less a reason for co-ownership.

Declining Income

Even more directly, the prospect of declining income makes existing partners hesitant about adding another participant. Many specialty practices, for instance, whose members worry

about being overstaffed for their shrinking income, are avoiding adding new partners. We expect this trend to grow.

Making a young doctor your "partner" inevitably translates into another outlay roughly equal to existing senior members' pay. If your group divides income equally, the new member will be another equal sharer. If you distribute on the basis of productivity (a method we questioned in our January issue), the entire practice will have to grow to afford another another full sharer — a prospect less assured than in the past.

How, then, can you afford to promise partnership status when recruiting for a new associate? You can't, unless you are fairly sure that profitability will increase because of his/her involvement. Barring that, adding a partner may mean you will end up with less income to support your family!

Advance Warning

Unfortunately, doctors are only in the early stages of recognizing this point. Some seniors subconsciously realize it by delaying plans to recruit at all, and young specialty residents are beginning to sense it as private practice job prospects shrink. Overall, though, the mindset of "partnership" continues despite its weakened logic. It makes the decision to recruit and hire difficult for primary care and specialty groups alike.

A hiring group must assure that applicants understand the new order of things without reflexively rejecting possible employment. You must clearly spell out your policy towards partnership in its real perspective. Law firms make this point clear to young
continued on pg. 25

Can You Still Promise a Partnership?

(cont. from pg. 24)

attorneys, so consider the same approach in your case.

Ten years ago, we drafted such a policy for a few group practice clients, urging them to hand the finally approved statement to each young physician with whom they enter serious recruitment discussions. Updated to reflect today's concerns, the memo reads:

MEMORANDUM

XYZ Medical Associates Policy as to Shareholder Status

The corporation no longer promises to invite its new physician-employees to shareholder ("partnership") status after any specific time period of continued employment. While clinical ability is, of course, important to continued practice within the group, shareholder status will be offered only to a doctor or doctors having other characteristics important to ongoing success. These characteristics include leadership ability, entrepreneurial interest and performance, research and teaching activity, willingness to expend personal time for the practice's success, etc.

What is more, shareholder status necessarily depends on the practice's financial ability to afford the sharing of income with an additional "partner".

If and when shareholder status is offered to a physician-employee, the arrangements will be as follows: [specific structure of buy-in is then listed.]

This approach allows the young doctor to know that partnership may be offered, if financially feasible, and that he or she will have to show traits to merit it. The new practice environment requires these conditions even though they run counter to tradition.

A Dilemma

Your problem, of course, is whether you can attract and hire a good young physician if you make partnership so uncertain. The Health Care Group's chief recruiter, Michael J. Parshall, puts it flatly: "I fear that giving the memo to a recruit will turn him or her off on the practice." And Geoffery T. Anders, HCG'S CEO, adds, "They can say no new partners, but will they stick to it?"

That's the dilemma which concerned us, but can you really afford to ignore it?

Editorial Note: We acknowledge the cooperation of Leif Beck, who has granted reprint rights for topics which have appeared in his regular monthly publication, The Physician's Advisory. His organization, The Health Care Group, with offices in Plymouth Meeting, PA, is a group of leading national consultants and attorneys specializing in medical practice organization and management.

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"Afternoon Appointment"

James O'Malley
Original Acrylic, 1992
17" x 11"

JAMES O'MALLEY'S INTEREST IN ART BEGAN AT THE TENDER AGE OF FOUR. HE WAS BORN IN YOUNGSTOWN ON JANUARY 8, 1940, AND attended Ursuline High School with one year of studies at Youngstown University. O'Malley, who attended several work-

shops (in pastel portraits, figure painting, and colored pencil) taught by Jerry Zona, Daniel Greene, Dino Maseroni, and John Smolko, is mostly a self-taught artist. Taking an early retirement from his job in the Postal Service, O'Malley now devotes full time to painting. "The main reason I do artwork is because I love to create and paint. If I sell work, that is an added bonus. My ambition is to be the best artist I can possibly be. If I achieve this goal, I consider my life very successful."

James O'Malley is a Realist, with a particular fascination in Photo-Realism. He would prefer working in oils, but due to allergies, acrylics have become the preferred medium. Most of O'Malley's work is taken from subject matters he has captured on film. Usually a painting is created from just one area of the photo, which is often enlarged to help capture small details. Artistic imagination enters the painting as he eliminates some details, adds

others, changes colors or rearranges images to make the work more interesting. "I pay a lot of attention to the values of light and dark, the warms and cools of the colors, and the total composition."

In working with still lifes, O'Malley plays with an image in his mind two or three months before actually starting the work. He makes many small sketches in colored pencil to get a feel of how he wants the final piece to appear. The next step involves doing a full-sized drawing on large, thin, white paper so as to check the correct perspective of the entire image. Once O'Malley is satisfied, he transfers the drawing onto heavier rag paper, illustration board or gessoed masonite. Much of his joy is found in painting older subjects such as rusted cars, trucks, and buildings.

"Afternoon Appointment" is a wonderful example of O'Malley's Photo Realism talents. I find this particular piece having a touch of Richard Estes' Photo Realism, Edward Hopper's themes, and a rich splash of Fauve color. The painting certainly reflects O'Malley's love affair with "strong colors, deep shadows, reflections, perspective and sharp lines." The idea for this painting came from an older building on the southside of Pittsburgh. He was fascinated with the shadows and the reflection of the sky in the window, which he exaggerated along with making changes in the adjoining building. I don't know if I believe in "self-taught" anymore. There is too much beauty and magic here, shadows flirting with light to give a stir of life to an inanimate object. A warm feeling oozes from the intense light and familiarity of the old building. James O'Malley is a born artist with subtle charm to woo the viewer from daily turmoil and back to flashes of pleasant memories and "I remember a place like that."

James O'Malley has received numerous awards throughout Pennsylvania and Ohio, including Artist of the Month for February '94
continued on pg. 33

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A Look Back . . .

Sixty Years Ago
Mar./Apr. 1934

Fred Coombs and Carl Gustafson were resident physicians at the Youngstown Hospital. T.K. Golden was appointed orthopedist on the staff of St. Elizabeth Hospital. Walter Turner and F.W. McNamara were named the best dressed doctors. This statement from the Youngstown Hospital's annual report: "The care of the indigent sick has become too much of a burden for physicians and hospitals." The Medical-Dental Bureau was born in April, 1934.



Fifty Years Ago
Mar./Apr. 1944

The Youngstown Municipal Hospital for Contagious Diseases was closed. President Elmer Nagel was pushing to have it re-opened as a mental hospital. (It is now known as Woodside Hospital). Letters were pouring in from all over the world from our members who were in the Armed Forces. No one could tell where he was stationed if it was a war zone. Sam Epstein was in Hawaii, Barklay Brandmiller was on his way overseas, Gordon Nelson was in Italy, Brack Bowman and Luke Reed were in California. Sam Goldberg received word of his newborn son while at Camp Davis, N.C.



Forty Years Ago
Mar./Apr. 1954

The National Foundation for Infantile Paralysis announced that polio vaccine tests would be con-



ducted on the new tissue culture vaccine developed by Dr. Jonas Salk. New antibiotics under investigation were Neomycin, Tetracycline, and Erythrocine. It was discovered that a new plant remedy from India, rauwolfia serpentina, would reduce blood pressure. New members that month were: James Smeltzer, Frank Morrison, Anthony Telego, John LoCricchio, Edward Rizk, Alex Rosenblum, Charles Giering, Fred D'Amato and Leonard Fagnano.

Thirty Years Ago
Mar./Apr. 1964

By this time the polio vaccine was in widespread use, and the Polio Committee, under the direction of Kurt Wegner reported that there had been no new cases of polio in the past year. New members were: Mike Vuksta, John J. Buckley, Clyde Bell, Jr., Demetrio Josef and Kenneth Lloyd, Sandford Gaylord was elected a member of the American College of Physicians.



Robert R. Fisher, M.D.



Robert R. Fisher M.D.

Twenty Years Ago
Mar./Apr. 1974

MCMS President John Melnick protested in his monthly President's Message, the increasing federal and state control of the practice of medicine. PSRO had just been enacted into law, certificate of need was another new restriction. Editor Lou Bloomberg sounded a similar note. Patricia Miller had an interesting article on the need for periodic check-ups and the advisability of preventive care. New members were: Richard Juvancik, Milton Paige, Vinod Sethi, Thomas Barrett and Reed Hofmaster.



Ten Years Ago
Mar./Apr. 1984

Problems continued to emanate from the great bureaucracy in Washington and elsewhere. The case of *"The State of Ohio ex. rel. Attorney General vs. Mahoning County Medical Society"* was settled by a Consent Order after a long expensive legal battle. MCMS President Glenn Baumblatt, in his president's message said "We physicians are being drowned in a sea of administrative red tape in the guise of quality care . . . We are being treated like children . . ." Editor Suman K. Mishr sounded a similar note in his editorial. Ben Brown chief of Radiology at the North Side Medical Center, passed away at the age of 69, of congestive heart failure. New members were: Frank Krautter, Mohammed Amin, Paul W. Cosby and Hemlata S. Kumar.



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The following applications for membership were approved by Council:

ACTIVE

Raymond S. Duffett, M.D.

Richard Myers, M.D.

SECOND YEAR IN PRACTICE

James C. Dewar Jr., M.D.

Information pertinent to the applicants should be sent to the MCMS Council.

On The Cover (cont. from pg. 26)

at the Valley Art Guild in Sharon, and the Governors Award at the Ohio State Fair. He is represented by the Vine Street Gallery in

Sharon, Pennsylvania. In June he will be having a one-man show at the OnLine Computer Library Center in Columbus, Ohio.

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Supreme Court has been asked to allow the families of medical malpractice victims to sue for personal injuries or wrongful death, in addition to the victims. The court's decision could have major statewide consequences for doctors and insurance companies in two areas: 1) malpractice actions could be subject to second actions by families and; 2) personal injury cases could remain open for years in the event a victim might later die from injuries, creating a second action.

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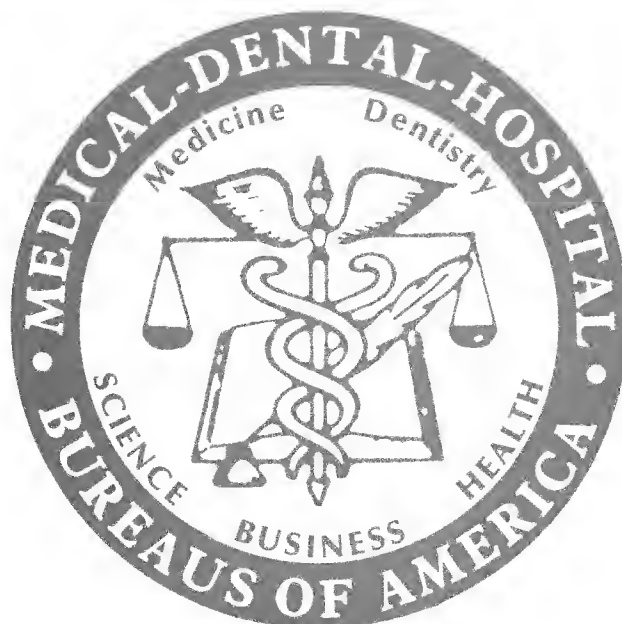


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